2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Aug 12, 2005 8:00 am Secretary of State DOCUMENT # N30697 08-12-2005 90002 040 ****70.00 OVIEDO HIGH SCHOOL BAND BOOSTER ASSOCIATION. INC. Principal Place of Business Mailing Address U U U U A ~ ~ ~ OVIEDO HIGH SCHOOL **OHSBBA** 601 KING ST P.O. BOX 621600 OVIEDO, FL 32765 OVIEDO, FL 32765 US 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bemis LOUPE, GLEN 2844 BROWARD CT Street Address (P.O. Box Number is Not Acceptable) OVIEDO, FL 32765 1014 Bartlett Ct 8. The above named entity subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 14 JUL 2005 SIGNATURE eldacifoda k ett bna tnega be (NOTE: Registered Agent signsture required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Pd Bemis TITLE Delete TITLE ☐ Addition 152 Channe LOUPE, GLEN NAME NAME 1014 Bartlett Ct STREET ADDRESS 2844 BROWARD CT STREET ADDRESS Oviedo, FL 32765 CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP TITLE **∑**¶Delete TITLE Change Addition David Meyers SEYMANSKI, JEFF NAME NAME 1402 Hampstead Terr STREET ADDRESS 2675 ALOMM OAKS DR STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-7E Oviedo, ti TITLE MLE ☐ Delete ☐ Change ☐ Addition SWIFT, DEBRA NAME NAME STREET ADDRESS 332 TIMBERWOOD TRAIL STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-7IP 183 Delete TITLE TITLE Change ☐ Addition SIEMEYER, PATTY Pam Hummell NAME NAME STREET ADDRESS 2584 EKMMA DRIVE STREET ADDRESS 338 Velveteen Place OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-ZIP Oviedo, FL 32765 TITLE ☐ Delete TITLE Change ☐ Addition LINE, DENNIS NAME NAME STREET ADDRESS **601 KING STREET** STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fruitee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ED OR PRINCED NAME OF BIGHING OFFICER OR DIRECTOR

14 JUL 2005